

Figure. Screening for hepatitis B virus infection in pregnancy: clinical summary of U.S. Preventive Services Task Force Recommendation.

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SCREENING FOR HEPATITIS B VIRUS (HBV) INFECTION IN PREGNANCY CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	All Pregnant Women
Recommendation	Screen at the first prenatal visit
	Grade: A
Screening Tests	Serologic identification of hepatitis B surface antigen (HBsAg). Reported sensitivity and specificity are greater than 98%.
Timing of Screening	Order HBsAg testing at the first prenatal visit. Rescreen women with unknown HBsAg status or new or continuing risk factors at admission to hospital, birth center, or other delivery setting.
Interventions	Administer hepatitis B vaccine and hepatitis B immune globulin to HBV-exposed infants within 12 hours of birth. Refer women who test positive for counseling and medical management. Counseling should include information about how to prevent transmission to sexual partners and household contacts. Reassure patients that breastfeeding is safe for infants who receive appropriate prophylaxis.
Implementation	Establish systems for timely transfer of maternal HBsAg test results to the labor and delivery and newborn medical records.
Relevant USPSTF Recommendations	USPSTF recommendations on the screening of pregnant women for other infections, including asymptomatic bacteriuria, bacterial vaginosis, chlamydia, HIV, and syphilis, can be found at www.preventiveservices.ahrq.gov .

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to www.preventiveservices.ahrq.gov.

Table 1. What the USPSTF Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer/provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer/provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

USPSTF = U.S. Preventive Services Task Force.

Table 2. U.S. Preventive Services Task Force Levels of Certainty Regarding Net Benefit

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: <ul style="list-style-type: none"> the number, size, or quality of individual studies inconsistency of findings across individual studies limited generalizability of findings to routine primary care practice lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: <ul style="list-style-type: none"> the limited number or size of studies important flaws in study design or methods inconsistency of findings across individual studies gaps in the chain of evidence findings that are not generalizable to routine primary care practice a lack of information on important health outcomes. More information may allow an estimation of effects on health outcomes.

*The U.S. Preventive Services Task Force (USPSTF) defines certainty as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.